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ABSTRACT

This document focuses on women and Acquired Immune Deficiency Syndrome (AIDS). The first part discusses the topic of women and AIDS. A workshop is described and a agenda provided. The role of facilitators is discussed. Materials required for the workshop are listed. The second section presents a curriculum on women and AIDS. An overview of the workshop and an ice breaker are included. Activities and curriculum are presented in these areas: (1) medical aspects of AIDS for women; (2) personalizing AIDS; (3) eroticizing safer sex, including mourning loss of old sexual patterns, affirming the part of safer sex which participants like, and condoms and dental dams; (4) negotiating safer sex, including barriers and breakthroughs to practicing safer sex and role play scenarios; (5) wrapup for small groups; and (6) closing for large groups. Appendices include safer sex guidelines; resources; glossary of AIDS terminology; conceptual framework for eroticizing safer sex workshop; and an evaluation form. (ABL)

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Women and AIDS: What We Need To Know

A Workshop and Resource Manual
on
Educating Women About AIDS and Safer Sex

Julie M. Redman, MSW, MPH
Director of Education
Planned Parenthood of Louisiana

Funded in part by the Regional Represenatives Committee
of Planned Parenthood Federation of America

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I. Introduction to Women and AIDS: What We Need To Know

Women from all communities are increasingly being affected by AIDS. We fear for ourselves, our families, and our friends.

A. Background Information on Women and AIDS

Acquired Immune Deficiency Syndrome (AIDS) was first identified in 1981, and is now recognized to be a public health crisis of major proportions. There has been a deluge of material written on or about "risk groups" for AIDS, rather than writings focused on "risk behavior". These materials have not only been confusing but they have stigmatized certain sectors of society, including gay men and IV Drug Users. The fact that many women and children are directly affected by AIDS has been obscured. Minority women and their children particularly are impacted by the disease.

The epidemiology of the disease has changed since it was originally discovered in the gay population. In the United States as a whole, the proportion of persons with AIDS who are women has increased steadily, and women are now the fastest growing group of people with AIDS. The Centers for Disease Control (CDC) has reported that through November 1989 AIDS has been diagnosed in 115,158 Americans, some 67,382 of whom have died. 4,135 of these fatalities were women. Minority women have been affected disproportionately by AIDS. In the U.S., 52% of all women with AIDS are Black, and 20% are Hispanic, although Black women represent only 14.7% and Hispanic women 7.0% of the total female population. As of April 1, 1989 the CDC reported that nationwide there have been 1,489 cases of AIDS reported in children.

Infection Through Heterosexual Contact

To date, the emphasis in HIV education for women has been placed primarily on reaching IV drug-using women. This has resulted in misrepresentation of the risk of women acquiring the disease through sexual contact. While the number of women presently diagnosed with AIDS is relatively small (nine percent of adult cases reported to Centers for Disease Control, April 1989), the number of women infected with HIV is unknown.

However, the percentage of women who have been diagnosed with AIDS as a result of heterosexual contact has risen sharply, from **11 percent of all female cases in 1984 to 31% in 1989**. Statistics indicate that AIDS is less easily transmitted from women to men through heterosexual activity. Only 2% of males have been infected with the virus in this manner.

The Need for Education

Few materials have been targeted toward teaching women safer sex. Now once again women must deal with the difficulties of making assertive decisions about their sexual relationships. This is especially challenging in cultures where women have never before been permitted overt sexual empowerment.

Traditionally, women have been the ones to hold the line on sexual practices because they have had a vested interest in doing so. It is women who predominantly have taken the responsibility for using family planning and birth control, and if present indicators are correct, it will be primarily women who will take the responsibility for protecting themselves against infection from the HIV virus. Therefore, it is imperative that education, counseling and support services be provided for women living with AIDS and women who are AIDS-vulnerable. *At the present time, the only weapon against the disease is prevention, and the only vaccine is education.*

B. Development of the Workshop

The New Orleans Experience - A Model for Future Workshops

In January 1988 Planned Parenthood of Louisiana, in conjunction with other agencies, sponsored a day of information and education on AIDS and options for safer sex for adult women, titled "Women and AIDS: What We Need to Know." The workshop was attended by 71 women from a variety of economic and cultural backgrounds ranging in age from 17 to 74. A fee of $2.50 - $5.00 was requested from each participant to cover a portion of the costs for the workshop.

As with any community educational program, effective recruitment is the key to success. Participants were recruited from a variety of sources, including women's organizations, local universities (faculty and students) substance abuse clinics, and health care and social service organizations. recruitment efforts were initiated about 3 months prior to the day of the program. Brochures were mailed to some 3,500 individuals. Mailing lists were obtained from the various sponsoring organizations and organizations, such the National Organization for Women, the National Association of Social Workers, the National Association of Black Social Workers, who agreed to include our brochure with their newsletter mailings. In addition, representatives from the program planning committee spoke to the membership of the sponsoring organizations, to other university faculty and students, and to other health, social service and women's organizations.

The idea for the workshop was developed by several staff members and volunteers of Planned Parenthood of Louisiana and the New Orleans/AIDS Task Force. There was a great deal of concern among these agencies regarding the lack of educational materials and programs designed to address the needs and special concerns of women on the topic of AIDS. At the same time there was an awareness that there were many women in New Orleans who had questions about AIDS and their own risk potential, which were not being answered. Given their embarrassment about asking questions regarding what was not "supposed to be" a women's disease, many women prefer to ask their first AIDS questions on a telephone hotline. In New Orleans, as in many large metropolitan areas around the country, the number of women calling AIDS information hotlines has increased dramatically within the last several years. On the average, about 40% of the calls received in New Orleans in 1989 were from women.

The fact that many women had chosen to seek information about AIDS in a fairly anonymous fashion gave organizers a clue as to how the workshop should be designed. It was decided that our target group should be women only. This would allow women the opportunity to voice their own emotions and fears about dealing with men in the shadow of AIDS and to discuss their

worries about possible previous exposure. Because there had been several workshops targeting health care professionals sponsored by the state and city health departments, this program was designed for women from the general public rather than targeted toward a particular group.

C. Sample Agenda

8:30 - 9:00	Registration
9:00 - 9:10	Welcome and Introduction to Workshop
9:10 - 9:15	Ice Breaker
9:15 - 10:45	Medical Aspects of AIDS - "AIDS 101"
10:45 - 11:00	BREAK
11:00 - 11:15	Question and Answer Re: Medical Aspects of AIDS
11:15 - 12:00	VIDEOS: AIDS: Changing the Rules A Rage to Live: The Sunny Sherman Story
12:00 - 12:30	Small Discussion Groups
12:30 - 1:30	Lunch
1:30 - 3:30	Eroticizing Safer Sex
3:30 - 3:45	Break
3:45 - 4:45	Small Discussion Groups / Closing

D. Overview of Workshop

The workshop was designed to be both informational and experiential. Presentations were conducted in a large group setting. They were immediately followed by small discussion groups which provided the opportunities for participants to discuss their feelings in a non-threatening situation. Participants were assigned to small groups randomly upon registration. The size of the group was between 10 - 12 participants. The small groups were facilitated by trained volunteers from a variety of backgrounds such as social work, mental health, health care and education. To encourage group cohesion it was suggested that even lunch be held within the small groups.

Due to the numerous myths and misconceptions regarding AIDS, it was imperative to allow a considerable amount of time to address the medical aspects of AIDS at the beginning of the workshop. The medical presentation included basic factual information on AIDS, but also focused on issues of particular concern to women - HIV and pregnancy, pediatric AIDS, HIV Testing, heterosexual and lesbian transmission. At this point in the program participants were asked to write down any questions they had on 3x5 cards so that they could be answered anonymously. Although an hour and a half was allotted for discussion of the facts, the participant comments on the evaluations indicated a desire for even more time for this component of the workshop.

In keeping with the basic premise of preventive health education, that people are more likely to change their behavior if they have been moved emotionally to see or feel differently, the material was as personalized as possible. Two highly emotionally charged videos dealing with AIDS and women with AIDS, "A Rage to Live: The Sunnye Sherman Story" and "AIDS: Changing the Rules," were shown. Following the videos, participants were assigned to small groups to discuss how AIDS has personally affected their own lives. During this session women talked about how their lives had been touched by the AIDS crisis whether through the loss or illness of a friend or loved one. They also expressed how the fear of AIDS has affected the establishment of new relationships and/or those relationships already existing.

"Eroticizing Safer Sex" (ESS) is an approach that gives women the opportunity to explore new ways of enhancing sexual health. It was included as part of Women and AIDS: What We Need to Know, because women rarely have the chance to express their feelings about how AIDS is changing patterns of sexual behavior in a structured group process. ESS also addresses how people can change existing high risk sexual behaviors in ways that are creative, fun, and sex-positive. This particular component of the workshop

was created by the Gay Men's Health Crisis Organization for gay men but was modified for use with women. It was by far the most popular part of the day.

Following Eroticizing Safer Sex, the participants went to their assigned small groups to discuss and role play how to negotiate safer sex with established or new partners. The discussion was structured to help participants increase their feelings of self confidence, thus preparing them assertively to discuss safer sex in future encounters with potential partners.

E. Role of Facilitators

Small Group Facilitators

The role of the small group facilitators is crucial to creating a non-threatening environment where women feel free to discuss their fears about AIDS and to speak openly about sexual issues.

Facilitators should be chosen with the following criteria in mind:

- previous experience in facilitating groups and knowledge of group process and dynamics
- comfort in dealing with sexual issues and using sexual language
- AIDS knowledgeable
- non judgmental of sexual orientation, lifestyles, etc.

Facilitators should be trained one or two days prior to the workshop to ensure their understanding and comfort with the goals of the workshop and their role as a small group facilitator.

A sample agenda for training could look like this:

Small Group Facilitator Training
Agenda - 2 Hours

1. Welcome, Introductions
2. Goals of Workshop
3. Expectations of Facilitators
4. Role in Small Group Discussion - AM
5. Films
6. Discussion
7. Role in Small Group Discussion - PM
8. Negotiating - Barriers and Breakthroughs Exercise
9. Closing

The small group discussion facilitators will be expected to:

1. Stimulate discussion among participants, using the structure presented.

2. Encourage effective responses to the material presented.

3. Help the participants reach for emotional responses instead of intellectualizing about the issues.

4. Create a non-judgmental atmosphere in which a woman feel free to reveal her sexual proclivities or drug use without fear of being put down or rejected; stop any judgmental responses in the group.

5. Use sexual terms frankly and clearly without embarrassment.

6. Avoid talking about high-risk groups or labeling people by sexual orientation--e.g., lesbians, bisexual, homosexual, heterosexual. Instead, talk about sexual behaviors. For example, heterosexual couples may engage in anal intercourse and feel they are not at risk because they are not gay. Talk about anal intercourse and its risks--not about being at risk because one is a gay man.

7. Reach for the commonalities among the participants, while enjoying the differences in culture, age, sexual practices, class, race, etc.

Eroticizing Safer Sex Workshop Facilitator

The facilitator(s) for the eroticizing safer sex workshop should be dynamic, energetic and sex-positive. It is optimal to have 2 facilitators leading this workshop. The role of the first facilitator is to elicit content, feelings and fantasies from the audience. The role of the second facilitator is to concentrate on group process and give appropriate feedback. It can be facilitated by one person, however, if there is an assistant present to write out participants' responses on newsprint.

F. Physical Facility

Because the workshop is a combination of lecture and experiential learning, the physical setting should be a large room with chairs that can be arranged to accommodate 50 - 100 participants or a large room with moveable chairs for the initial medical aspects lecture. Break-out rooms will be required for the small group discussion sessions. A university setting has worked well in providing this combination.

G. Materials Required for Workshop

- One large pad of newsprint
- Easel for newsprint pad to stand
- Masking tape (enough tape for small group)
- VHS VCR and 1-2 monitors (depending on number of participants)
- Enough felt tip markers (1-2 for each small group facilitator, 1 for each group in Eroticizing Safer Sex Workshop and 1-2 for the facilitator)
- Condoms
- Dental Dams
- Bananas, zucchini or Jackson Model of erect penis
- Cassette tape player
- Slide projector
- "AIDS 101" slides
- Tape of Dionne Warwick singing "That's What Friends Are For"
- Tape of upbeat relaxing music
- Copies of safer sex guidelines

H. Summary

Women and AIDS: What We Need to Know is the beginning of an effort to reach women who are or may become at risk for HIV. The following workshop curriculum is an attempt to provide information and education about AIDS in a safe and emotionally supportive environment. The workshop components offered situations in which women could openly discuss their concerns, behaviors, fears and pleasures as they relate to AIDS and risk reduction. We believe our event was successful because of the collaborative effort and spirit of cooperation on behalf of the various sponsoring organizations. Although they had very different memberships, all organizations shared the commitment to educate women in our community about AIDS.

All women today must begin to consider and understand their sexual responsibilities to both themselves and their partners. This workshop can empower women and provide them with basic tools to begin responsibly addressing the sexuality issues of AIDS and HIV. The workshop can be easily replicated and modified according to the needs of a particular community.

For educators who are being called upon by the women in their communities to provide the most updated and effective education on AIDS, this curriculum can be a starting point for effectively meeting this challenge. I wish you success in your efforts to help save the lives of the women in your community.

II. Curriculum in Women and AIDS: What We Need to Know

A. Overview of Workshop and Ice Breaker

Desired Outcomes: To introduce participants to the workshop and establish a group environment that will help participants feel comfortable asking questions and sharing in the group.

Activity #1: Introduction of Workshop

Purpose: To introduce the workshop format.

Time: 5 minutes

Materials: Copies of Workshop Agenda

Procedure:

The individual introducing the workshop does the following:

1. Introduces her/himself, recognizing that s/he will be setting the tone for the program.

2. Introduces/acknowledges co-sponsors and committee members who helped put the workshop together.

3. Gives a brief overview of the agenda and goals for the workshop.

4. Takes care of housekeeping, ie. location of restrooms, designated smoking area, lunch etc.

The following is important background information for the facilitator:

This is a workshop for adult women offering participants important information and education about AIDS and HIV. Everyone gets to participate--to talk in small groups, ask questions, examine safer options, and make choices about their own sexual lifestyle.

Workshop Goals

- To provide information about AIDS in a safe, structured, supportive, and non-threatening setting.
- To help women assess their own risk potential based on their past and current behaviors.
- To offer risk reduction techniques to enable workshop participants to decide now to preserve health and life of themselves and their loved ones.
- To help participants gain practice in negotiating safer sex.

The workshop is intended to be sex-positive. The Eroticizing and Negotiating Safer Sex Workshops will give participants the opportunity to be creative and should be quite fun.

Activity #2: Large Group Ice Breaker

Purpose: To set the tone for the workshop and to help participants feel more comfortable as group participants.

Time: 5 minutes

Materials: None

Procedure: Ask participants to stand up and find someone that they do not know and tell that person what it was like for them the first time they saw or heard about a condom.

Discussion Questions:

1. How was this activity for you?
2. Does anyone want to share their story?

B. AIDS 101: Medical Aspects of AIDS for Women

Desired Outcomes: To expand the group's understanding of the medical aspects of AIDS and specific concerns for women.

Purpose: To present medical information on AIDS with specific emphasis on concerns of women.

Time: 90 minutes

Material: 3x5 index cards
*"AIDS 101 Slides"
Slide Projector

It is very important that the individual presenting this information be a dynamic speaker and someone particularly sensitive to the specific concerns of women regarding the AIDS crisis. It is also helpful that the individual be a physician or an epidemiologist. The following is a suggested outline of topics to be covered.

Outline of Topics to be Covered

I. What is HIV/AIDS
   A. Breakdown Acronym (AIDS)
   B. Definition of Human Immunodeficiency Virus (HIV)
   C. Centers for Disease Control definition of AIDS
   D. HIV Infection Continuum
   E. Opportunistic Infections

II. Local and National Statistics
   A. Who has AIDS
   B. Breakdown of women and children diagnosed
   C. Minority women with AIDS - compare statistics with minority representation in general population
   D. Estimates of number of people in general and women specifically infected with HIV

III. Transmission Issues of Importance to Women
   A. Sexual Transmission - How and Relative Risk
      1. Male to female--semen
         a. Vaginal intercourse without a condom
         b. Anal Intercourse without a condom
         c. Fellatio without a condom or dental dam
         d. Susceptibility -- other STDs, genital lesions,

2. Female to male--vaginal secretions, menstrual blood
   a. Vaginal Intercourse without a condom
   b. Cunnilingus without a dental dam
3. Female to female-- vaginal secretions, menstrual blood
   a. Cunnilingus without a dental dam
   b. Sharing of sex toys

B. Perinatal Transmission
   1. Prior to birth
   2. During birth
   3. Lactation

C. Blood Products
   1. Blood screening in United States - 1985
   2. Number of cases since screening initiated
   3. Hemophiliacs

D. Shared instruments of Perforation
   1. Shared needles/works
   2. Razors
   3. Ear piercing
   4. Tattooing

IV. Ways in Which HIV Cannot be Transmitted (AIDS and the Afraids)

A. Casual Contact--Sharing food, kissing, toilet seats, giving blood, etc.

V. Evidence of Male to Female Transmission

A. Virus identified in high concentration in sperm.
B. Partner studies of hemophiliacs and IV drug users indicate 10 to 50% female partners are infected. Vaginal intercourse is the primary route of exposure
C. HIV can be transmitted via artificial insemination.

VI. Evidence of Female to Male Transmission

A. Virus present in lower concentration in vaginal secretions than semen.
B. AIDS in Africa, male to female 1:1 ratio; in Haiti the ratio is 2:1
C. Sexual activity during menses; menstrual blood presumed to contain high concentration of the virus.

VII. Transmission to Children

A. HIV demonstrated in placenta, amniotic fluid
B. Dysmorphic syndrome in neonates identified

C. Relative risk estimated to be as high as 50% for transmission from a seropositive women to her child
D. No special means of delivery alters transmission of virus to child.
E. Life span for an infected child/ care issues.

VIII. Progression of the Disease for Women

A. Expression of the virus in women is similar to men, but may follow different course, ie., more cases of ARC among HIV infected women.
B. Asymptomatic seropositive women develop symptoms more rapidly after delivery.
C. Kaposis Sarcoma is rarely seen in women.

IX. HIV Testing

A. What tests are done
   1. ELISA
   2. Western Blot
B. How does the test work
C. Accuracy of results
   1. What does a positive result mean
   2. What does a negative result mean
D. Deciding where to go to be tested
   1. Confidential vs. Anonymous Testing
   2. Cost
   3. The importance of Pre-test and Post-test counseling
E. Deciding whether or not to be tested
   1. Advantages
      a. Can reduce anxiety
      b. If considering pregnancy can help evaluate risk of transmitting the virus to baby
      c. Knowledge of safety to donate blood or organs to others
      d. May be more likely to practice safer behavior
      e. If test is positive - opportunity to improve chances of staying healthy by taking new medications available to seropositive people, limiting use of drugs and alcohol, by eating well, reducing stress, and getting plenty of rest.
   2. Disadvantages
      a. Mild to severe emotional reactions, including anxiety, depression, nightmares, and fear
      b. Possible discrimination in employment, housing, insurance or receipt of health care if positive anti-body status is known.
      c. Negative test results may lead to a false sense of security (ie: not practicing safer behavior).

F. Who should consider being tested

1. IV drug users who have shared needles or works.
2. Individuals whose sexual partners may have used IV drugs.
3. Women who have had sex with gay or bisexual men.
4. Hemophiliacs or the sexual partners of hemophiliacs.
5. Women who have had multiple sexual partners or women whose partners have other partners.

X. Other issues of importance to women
   A. Risk of becoming pregnant with a seropositive male if the women is uninfected.
   B. Option counseling for a seropositive woman who is pregnant
   C. Single parenting as an infected mother

*AIDS 101 Slides may be obtained through the Centers for Disease Control or the San Francisco AIDS Foundation.

C. Personalizing AIDS

Desired Outcome: To move emotionally the participants and to personalize the AIDS crisis.

Learning Activity #1: Videos on Women and AIDS

Purpose: To alert participants to the fact that AIDS is a disease that affects women from all communities. *

Time: 45 minutes

Material: VHS VCR, monitors and videotapes
"AIDS: Changing the Rules" or "Women and AIDS"
"A Rage to Live: The Sunnye Sherman Story"
3x5 index cards and pencils

Procedure:

1. Introduce each film - Ask participants to write down 3 feelings while they are watching each film. Let them know they will have an opportunity to discuss the films in their small groups.

2. After both films, announce which rooms the various small groups will be meeting.

Learning Activity #2 : Small Group Discussion

Purpose: To help participants integrate the information learned at the large plenary sessions and to respond emotionally to that information. To provide an environment where women will feel free to discuss openly their concerns, behaviors, fears and pleasures as they relate to AIDS and risk reduction.

Time: 30 - 45 minutes

Material: Statement of Ground Rules on Newsprint

* Note: A panel discussion of women living with AIDS, ARC and HIV would be the most powerful way to personalize the AIDS issue for other participants.

Procedure: The facilitator does the following:

1. Welcomes the group, introduces self, shares the suggested ground rules.
   a. Confidentiality/Anonymity
   b. One person speaks at a time
   c. No judgement of other people or their behaviors (use "I" statements)
   d. Anyone can pass (not speak) at any time
   e. No smoking, eating, drinking in the Small Group

2. Ask each group member to find someone within the group they don't know and to share with that person the name of a famous celebrity they fantasize about.

3. The facilitator then asks the following discussion questions:
   - What scenes, people, words or phrases do you remember from either of the videos?
   - Name 3 feelings you experienced while watching the videos.
   - How has AIDS affected your life?
   - What do you hope to get out of the workshop today?

Facilitators should encourage participants to hook up with the other women in their group for lunch.

Facilitators should meet together for lunch to discuss how things are going.

D. Eroticizing Safer Sex *

Desired Outcome: To provide participants with the opportunity to express their feelings about making changes in sexual behavior and to explore ways to make safer sex spontaneous, erotic, creative and satisfying.

Activity #1: Introduction to Safer Sex Workshop

Purpose: To explain the goals of the workshop and set guidelines.

Time: 5 minutes

Materials: Cassette tape with upbeat music
Casette tape player with large speakers
Newsprint with first page that reads:

Eroticizing Safer Sex!!!

Second page reads:

GUIDELINES

Confidentiality
Use "I" statements
Don't judge what others say
There are no right or wrong responses
OK to pass
Listen to others when they speak
Don't censor your own thoughts
Be Creative, Be Playful, Be Erotic

Procedure:

1. The facilitator introduces her/himself.

2. Then states the following:
   A. "The goal of this part of the workshop is to help you reclaim the fun and joy of being sexual while practicing safer sex .

* Note: The "Eroticizing Safer Sex" portion of this curriculum was adapted with permission from "Eroticizing Safer Sex Workshop" curriculum published by the **Gay Men's Health Crisis**, New York, NY 1986.

B. It is a workshop that was developed by the Gay Men's Health Crisis in New York City for gay and bisexual men and was modified for use with women by Patti Britton, an expert in the area of AIDS education and safer sex.
C. Safer sex is for people male, female, gay or straight. It applies whether we are HIV positive or negative, have AIDS or ARC and whether we are single, dating or in a long term committed relationship.
D. "This is an experiential workshop. You will only get as much out of it as you put in. Try to participate as fully as you can.

3. The guidelines for the workshop are explained to the participants.
   A. Regarding confidentiality: Emphasize that you hope after the workshop, people will go into the community and discuss with friends and family what was covered today. Ask that confidentiality not be broken by reporting directly anything that other participants may have said in the workshop.
   B. The use of "I" statements encourages participants to speak about their own experiences, and helps people to be less distant or intellectual, and more personal. Participants should talk about their own feelings and experiences.
   C. "Don't jump to conclusions about anything you hear someone else say. You may hear things today that may sound wild and kinky or totally boring. The great thing is that all these responses reflect the diversity of the women who are attending the workshop. All contributions are important."
   D. "Try to be open about what you are thinking. It will provide more spontaneity and relevance to the subject."
   E. "Be creative, playful and, most of all, erotic in the spirit of sensuality and sexuality. The workshop aims to help you reclaim this if it has been dampened during to the current health crisis.

*Important Information for facilitator-Please see Appendix --Conceptual Framework of Eroticizing Safer Sex Workshop.

Activity # 2: Mourning

Purpose: To help participants recognize the need to mourn the loss of old sexual patterns, and the loss of being able to act on impulse.

Time: 15 minutes

Materials: Newsprint with the following:

WHAT COMES UP FOR YOU WHEN YOU THINK ABOUT SAFER SEX?

Next page:

WHAT DO YOU MISS ABOUT SEX IN THE OLD DAYS?

Procedure:

1. Ask participants "what comes up for you when you think about safer sex."
2. Ask for volunteers to share their responses.
3. Then ask for participants to respond to the question "What do you miss about sex in the old days?"
4. The assistant writes the responses on the appropriate newsprint sheet.

Useful Comments:

1. "I guarantee by the end of this workshop you will leave here thinking that safer sex is anything but boring."

2. "We need to recognize and mourn how many behaviors we may have given up. There's a lot of sadness and anger around this, and these are important feelings that need to be acknowledged. When one grieves a loss, there are various reactions that often include feeling sad, angry or even depressed. Women of this era who have a renewed sense of freedom of sexual expression, since effective methods of birth control became available, feel a unique loss. Many women feel like it is similar to going back in history.

3. "Not everything on this list has to be given up. It is not where sexual behaviors take place, but rather what you do. Safer sex is not 100% risk free. Many erotic behaviors can still be practiced, they just need modification. We can still have satisfying sexual experiences with our partners. However, we need to choose types of behaviors that don't involve exchanging semen, blood or vaginal secretions."

Activity #3: Affirming

Purpose: To begin to identify those parts of safer sex which participants like.

Time : 5 minutes

Materials: Newsprint with the following:

WHAT DO YOU LIKE ABOUT SAFER SEX?

Procedure:

1. Facilitator asks question "What do you like about safer sex?
2. The assistant lists the responses on the newsprint.
3. "What differences do you see between the two list of what you miss about sex before AIDS, and what you like about safer sex?

Previous Responses:

Brings back intimacy
More likely to have an orgasm
More control
Gives you a chance to know partner
More creativity
Brings back romance

Activity #3a: Affirming

Purpose: To discover erotic ways of touching that are not necessarily genital.

Time: 5 minutes

Materials: Newsprint sheet and marker for each group with heading:

EROTIC TOUCH

Procedure:

1. Instruct the participants to introduce themselves to the other members in their group.

2. The assistant and leader pass out magic markers and newsprint to each group. Each group is instructed to elect a recorder.

3. Each group is asked to make up and write down a list of extremely erotic but safer ways of touching or being touched.

4. Ask each recorder to stand up and read one item from the list to the large group. Each recorder reads in rotation until all the lists are exhausted.

5. After each group reports the facilitator should applaud.

6. After all the small groups have had a chance to report it is helpful to make several comments: ie. "Did you notice the laughter while everyone was writing up and reading these lists? This is a big difference from the mood at the beginning. What do you think has happened here? Remember that one of the goals of this workshop is to help put fun back into your sex lives."

Activity #4: Condoms and Dental Dams

Purpose: To instruct women in the proper use of condoms and dental dams.

Time: 10 minutes

Materials: 1. Newsprint with the following:

ABOUT CONDOMS

- Leave room at the tip
- Make sure it unrolls the right way
- Use spermicidals - they kill AIDS virus in lab setting
- Shop around and play
- Use only H20 lubricants like KY Jelly- no Vaseline, baby oil etc.
- Small amount of lubricant in condom adds to sensitivity
- Buy American
- Never reuse
- Do not use after 2 years past the Manufacturers date.
- Squeeze out all air
- Be creative

Next Page

ABOUT DAMS

- Mark the "top" side
- Can reuse with bleach solution
- Not "proven safe"
- Be erotic
- Be creative different colors & flavors
- Practice makes perfect

2. Enough condoms to give one to each participant.
3. Enough dental dams to give one to each participant.
4. Jackson model of erect penis, bananas, or zucchini for condom demonstration.
5. Samples of spermicidal jelly and water based lubricants

Procedure:

1. Throw handfuls of condoms into each group.
2. Go through points listed on newsprint about condoms. Make sure you mention that it is estimated that 30-40% of all condoms are being purchased by women.
3. Demonstrate how to use a condom with banana or Jackson model while giving verbal instruction, ask participants to practice putting condoms on their fingers.
   A. Put a drop of spermicidal jelly or water-based lubricant inside the tip of the condom. This will increase stimulation. Be sure the shaft of the penis is free of lubricant. This will help keep the condom from falling off.
   B Take hold of 1/2 inch at the tip of the condom. This makes space for the semen.
   C. Put the condom against the head of an erect penis.
   D. If the penis is uncircumcised, pull back the foreskin first.
   E. Squeeze any air out of the condom.
   F. Roll the condom all the way down to the base of the penis.
   G. Gently smooth out any extra air. This will also make the penis feel better during sex.
   H. The man should withdraw his penis before he loses his erection.
   I. The condom should be held at the base of the penis while he withdraws the penis so that it does not spill semen.
   J. Throw the condom away.
3. Go over points for using the dental dam on newsprint.

Activity #5: Eroticizing

Purpose: To discover specific ways of being sexual in a safer and satisfying way.

Time: 10 minutes

Material: 4-8 Newsprint with the following: (one heading per page; if there are more than 5 groups of 8 there may be more than one group with the same topic.

TASTING

HEARING

SMELLING

SEEING

At least one magic marker per group.

Procedure:

1. One previously labeled piece of newsprint is distributed to each small group.
2. Ask each group to brainstorm and think of as many ways to have safer sex as related to their topic area. The recorder should write down all ideas.
3. Once the group has exhausted all ideas ask them to choose their 3 favorite activities.

Activity #5a: Eroticizing

Purpose: To share ideas and to promote a large playful group experience.

Time: 20 minutes

Procedure:

1. Ask for someone (not the same person who reported for the previous exercise) from each small group to stand up and report to the large group.

2. The reporter should also mention the group's 3 favorite activities.

3. After each list is read, the facilitator asks the large group if anyone has anything to add.

4. The facilitator should applaud after each group reports.

5. The assistant tapes each newsprint page up.

Activity #5b: Eroticizing

Purpose: To share feelings about discovering the variety of sexual options still available.

Time: 10 minutes

Materials: None

Procedure:

1. Ask participants the following question: "How do you feel about seeing so many fun ways for having safer sex?"

2. "Now that you know how to generate a lot of sexy, creative and fun ways to practice safer sex, you will get to go back into the same small group you were in this morning to learn and practice how to negotiate these safer sex practices with your partner or potential partners."

E. Negotiating Safer Sex

Activity #1: Barriers and Breakthroughs

Purpose: To help women become conscious of the barriers to adopting risk reduction techniques so they can start a process of overcoming those barriers.

Time: 10 minutes

Materials: 1. Piece of newsprint marked Barriers
2. Piece of newsprint marked Breakthroughs

Procedure:

1. Welcome Back
2. What keeps people from practicing safer sex?
   (write down responses on Barriers newsprint)
3. What sorts of things might encourage people to practice safer sex ?
   (write down responses on Breakthroughs newsprint)

Previous Responses:

<u>Barriers</u>
Inhibitions about talking about sex
Inhibitions about sexual behavior
Lack of trust and communication
Masochism
Loss of control - drugs, alcohol
Peer pressure
Women have to rely on men to use condoms
Fear of rejection

<u>Breakthroughs</u>
Female condoms
Ongoing support groups to help women negotiate safer sex
Establish ongoing communication with potential partner about safer sex
Education targeted specifically to women
Awareness of alcohol/drug use
Promotion of individual self esteem
Guidelines for making decisions about sexual relationships

Activity #2: Role Play Scenarios

Purpose: To practice initiating a conversation about safer sex with a prospective or current sex partner.

Time: 30 minutes

Materials: Facilitator sheet with role play scenarios

Procedure:

1. The small group facilitator reads each scenario and asks for the group to respond to the following questions:
   a. What would you do in this situation?
   b. What difficulties may arise in negotiating safer sex?
   c. How can those barriers be overcome?

Negotiating Role Play Facilitator Handout

Your son has transferred to a new elementary school. You read in the local papers that two of the other second graders have AIDS. How does this affect your family and what do you tell your son?

You have been dating the same guy for about two years and just learn from him that he has had the HIV antibody test. He says that he tested negative and so he won't need to use a condom anymore. What do you do now?

You meet a wonderful guy at a Labor Day weekend singles dance. He is a typical "nice guy". You are shy to talk about his past sex history. He asks you to his apartment for a drink and you go. You are really turned on to him and want to have intercourse with him. Where do you go from here?

You have a female lover that you have been seeing for the past 5 months. You have been reading about the possibility of transmission of the virus that causes AIDS through the exchange of vaginal secretions and are feeling concerned. What do you do now?

You and your husband have a mutually faithful monogamous relationship that has lasted over thirteen years. When you hear that one of your best friends just discovered that her husband has been having an affair with his assistant for all the years of their marriage, you become scared. Do you change your sex practices with your mate and if so what do you say?

You go to Club Med this summer and encounter quite a few people who are world travelers. One of the men is a handsome sophisticated "gentleman" type who is attached to you. You have a couple of dinners together and it looks like a sexual relationship is in bloom. You are walking on a moonlit beach and he tells you that he is a careful person and that he has always used condoms--he is safe. This time he wants a natural feeling with you because you are so special to him. What do you do?

Scenarios developed by Patti Britton for use with 'Eroticizing Safer Sex Workshop', Training Coordinator ETR Associates. Reprinted with permission.

Closing Discussion in Small Group

1. If you had to tell someone what you did today, what would you tell them?
   (2-3 responses)

2. Where did you find yourself laughing?
   (2-3 responses)

3. If you had to name this workshop, what would you call it?

4. Who would you like to see attend this workshop?

Send Off

(Leave at least 5 minutes for evaluation)

"It's been a great being with you today. Some of you may be interested in continuing what we have begun today - supporting each other in practicing and negotiating safer sex, if you are interested in establishing a support group please put your name, address and phone number on the sheet that's going around. I would like to ask that before you go home, please take a few minutes to fill out this evaluation form."

F. Closing in Large Group *

Desired outcome: To leave the participants in a AIDS aware sex-positive state that is nurturing .

Purpose: To close the workshop.

Time: 10 minutes

Materials: Cassette Tape Player
Tape with Dionne Warwick singing
"That's What Friends Are For"

Set Up: Chairs should be arranged in a large circle.

Procedure:

1. Ask participants to sit in the arranged circle of chairs and relax and listen to the following.

2. "Today you have learned a great deal about AIDS and how it is touching the lives of women through our friends, our families and our fears. We have also had a great time discussing how much fun safer sex can be. All of you who attended this workshop today can make a difference in this community by sharing what you learned with other women about safer sex and negotiating with present or prospective partners." Whenever you have the opportunity to talk to other women at home, at work or wherever bring up what happened at the workshop today. Start a conversation about safer sex and how enjoyable it can be. Let them know that this workshop will be offered again. Contact us at _____.

3. Ask that the participants join hands and say "Close your eyes and concentrate on my voice."

4. In a soothing voice, slowly do the following meditation:
"Breathe deeply several times. Concentrate on your slow breathing and my voice. As you breathe in think of what we shared here today. Feel the energy flowing between you and the other people you're touching." (pause for a few moments)

* Note: The "Eroticizing Safer Sex" portion of this curriculum was adapted with permission from "Eroticizing Safer Sex Workshop" curriculum published by the **Gay Men's Health Crisis**, New York, NY 1986.

"Go into yourself and visualize a stack of photographs. These are all photographs of you at different points in your life. The first picture is of you today. Study how you look."

(pause briefly)

"Next find a picture of you from a couple of weeks or months ago."

(pause briefly)

"Go through the stack of pictures until you come across one of yourself before you knew anything about AIDS."

"Now find a picture of yourself as a happy little girl. Look carefully at this picture. Notice where you are, what you are wearing, what you are doing and who else is there with you."

"Remember how free, innocent and spontaneous you were. Remember what it was like when you discovered that by touching yourself 'down there' you could make yourself feel good. Remember how much fun it was to make yourself feel that kind of pleasure. This was before you learned that some people felt it wasn't alright for you touch yourself in that way."

(pause briefly)

"Now begin to visualize all those pictures blending together into one composite image, and feel the joy of physical pleasure you once knew as a child and younger adult connect with who you are today. Make a photograph of yourself today in your mind's eye. Make your expression peaceful, happy and content."

Touching and other forms of sexual behavior are not bad simply because AIDS is on the scene. We all need to be touched and loved and to remain sexual. Our needs to be touched or to be sexual are not bad because there is a health crisis going on. We as women are not bad because some of us have become infected with the virus."

"Today was about supporting each other through this crisis. We do this by taking good care of ourselves and the other people in our community. We demonstrate our support by caring about ourselves and all of our sex partners. We do this by having only safer sex every time we make love. There is no greater act of love , self-respect or pride than engaging in safer sex."

"Spread the word to others about what fun safer sex can be. We all need to be loved and touched. Safer sex is how we can do this."

"In closing, listen to a song that speaks to what we have been doing here today. Listen to it and think of how it applies to our lives."

Play "That's What Friends Are For," by Dionne Warwick.

During the closing of the song, lower the volume and tell the group:

"Open your eyes and look around, look at the other women in this room. We as women can support each other through this crisis. Support to practice safer sex is what friends are for. A strong healthy community is what friends are for. Taking care of ourselves and those people with AIDS or ARC is what friends are for. Preventing anyone else from becoming sick is what friends are for. Safer sex is how we do this in a friendly, loving way."

III. Appendices

A. Safer Sex Guidelines

Guidelines for Sensible Sex

High Risk

Vaginal intercourse without a condom
Anal intercourse without a condom
Sharing IV drug needles
Oral/Anal contact
Sharing sex toys
Semen in mouth
Blood contact

Some Risk

(Possibly Safe)

French kissing (wet)
Vaginal intercourse with a condom
Anal intercourse with a condom
Oral sex on a man with condom
Oral sex on a woman with a dental dam

No Risk

(Safe)

Hugging, massage, cuddling
Body-to-body rubbing
Making you own safe, sex toy
Playing with yourself (masturbation)
Erotic materials, magazine or videos
Social kissing (dry)
Blindfolds
Using you own sex toys
Showering or bathing together
Erotic talk
Watching yourself and your lover in a mirror
Underwear: jockstraps, bikinis, garter belts
Penis rubbed between thighs, legs, armpits or breasts
Licking, pinching, fondling, nibbling ears, neck, nipples, navels, thighs, hands, fingers, toes, armpits
Props and sexy environments: candlelight, flowers, feathers, food, incense, sensuous fabrics, fur
Costumes: uniforms, leather, lingerie, or whatever your fantasy. Dress up your partner or yourself

REMEMBER: The biggest sex organ is the brain! Alcohol and drugs alter one's ability to make sensible decisions. Use condom-sense hygiene with all sexual encounters. Fantasy! Use your imagination, but keep it safe.

Taken from: Condom Sense - 1987 Special Edition

B. Resources

Resources on Women and AIDS

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San Francisco AIDS Foundation. AIDS 101 Slideshow. San Francisco, 1987.

The Safer Sex Condom Guide for Men and Women, Gay Men's Health Crisis, Box 274, 132 West 24th St., New York, NY 10011.

Audio Visual Materials

A Rage To Life: The Sunnye Sherman Story. Producer/Distributor: NBC, 1986. VHS, 15 mins. This is a highly emotional documentary focusing on the personal story of one of the first women in the United States to be diagnosed with AIDS. Used to personalize AIDS for women.

AIDS: Changing the Rules. Produced/Distributor: AIDS FILMS, 1987. VHS, 30 mins. Hosted by Ron Reagan, Beverly Johnson and Reuben Blades this film addresses the basic facts about AIDS, its transmission, symptoms, current AIDS statistics and rules for safer sex. Excellent in addressing concerns of heterosexual population regarding prevention. A version with Spanish subtitle is available.

Women and AIDS. Produced/Distributor: GMHC, 1988. VHS. Compilation of interviews by GMHC with women dealing with the issues surrounding Women & AIDS. This film raises the awareness of the unique risk AIDS poses to woman from drug and sexual sources, provides information re: prevention, impersonalizes issues through interview of a woman with AIDS.

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C. Glossary of AIDS terminology

ACQUIRED - A condition which is not inherited or congenital.

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) - An acquired defect in immune system function which reduces the affected person's resistance to certain types of infections and cancers. To qualify as AIDS, the malfunctioning of the immune system must not be linked to genetic disorder, chemotherapy, malnutrition, or deliberately induced medical treatments (as in organ transplant recipients). Although the cause is unknown for certain, it is thought to be a virus (HIV) which is transmitted through intimate sexual contact or exposure to infected blood or blood products. Once immune-depressed, an individual becomes susceptible to a number of opportunistic diseases.

ADMINISTRATION - (or, route of administration). This term refers to how a drug or therapy is introduced into the body. Systemic administration means that the drug goes throughout the body (usually carried in the bloodstream), and includes oral administration (by mouth) and intravenous administration (injection into the vein). Local administration means that the drug is applied or introduced into the specific area affected by the disease, such as application directly onto the affected skin surface (topical administration). The effects of most therapies depend upon the ability of the drug to reach the affected area, thus the route of administration and consequent distribution of a drug in the body is an important determinant of its effectiveness.

AMEOBIASIS - Infection with amoebas, especially Entamoeba histolytica.

AMINO ACID - Any one of 20 or more organic acids, some of which are the building blocks for proteins and are necessary for metabolism and growth.

ANTIBIOTIC - A soluble substance derived from a mold or bacterium that inhibits the growth of other organisms and is used to combat disease and infection.

ANTIBODY - Protein molecules that are produced and secreted by certain types of white cells in response to stimulation by an antigen.

ANTIGEN - Any substance that provokes an immune response when introduced into the body.

ANTIVIRAL - A substance that attacks the virus and stops or suppresses viral activity.

ARC (AIDS Related Complex) - Characterized by a prolonged (two weeks or more) history of fever, unexplained weight loss, swollen lymph nodes, and/or fungus infection of mouth and throat.

ARV (AIDS Related Virus) - Same as HTLV-III and HIV.

ASYMPTOMATIC INFECTION - An infection, or phase of an infection, without symptoms.

ATTENUATED VIRUS - A weakened state of the virus, when it is less harmful or potent (i.e., reduced ability to infect or produce disease) -- often used in preparation of live virus vaccines. Viruses may be attenuated (weakened) by genetic engineering techniques (removing certain genes), or by other methods which destroy certain properties of the virus but preserve its chemical make-up.

ATYPICAL MYCOBACTERIA - Mycobacterium tuberculosis is the most common mycobaterium causing human disease; however, there are other mycobacterial species which may cause infections. The nontuberculous mycobacteria occur widely in nature but do not often cause disease except in immunosuppressed individuals, where they may infect many different body tissues. Person-to-person transmission has never been associated with AIDS patients.

B CELLS - White blood cells of the immune system, derived from bone marrow and involved in the production of antibodies; they are also called B lymphocytes.

B-LYMPHOCYTES - White blood cells that float through the body and are able to detect the presence of foreign invaders. Upon the discovery of alien substances, the B-lymphocytes clone themselves (produce duplicates) - some remain to fight the virus while others spread "word" of its presence and marshal more defensive forces to produce antibodies.

BACTERIUM - A microscopic organism composed of a single cell. Many bacteria can cause disease in man.

BASOPHIL - A special white blood cell, called a type of graanulocyte, filled with granules of toxic chemicals, that can digest microorganisms. Like the mast cell, its counterpart in the tissue, basophils are partially responsible for the symptoms of allergy.

BONE MARROW - Soft tissue located in the cavities of the bones. Responsible for producing blood cells.

CANDIDA - A yeast organism which normally lives in the intestines, but can flourish in other parts of the body at times of immune depression.

CANDIDA ALBICANS - A fungal infection of the mucous membranes (commonly occurring in the mouth, where it is known as THRUSH)

resulting in whitish spots and/or a burning or painful sensation. It may also occur in the esophagus. It can also cause a red and itchy rash in moist areas (e.g., the groin).

CANDIDIASIS - A yeast-like infection caused by Candida albecans which affects mucus membranes, the skin, and internal organs. Oral infections are called thrush and exhibit creamy white patches of exudate on inflamed and painful mucosa. Common sites are the mouth, the esophagus, nailbeds, axilla, umbilicus, around the anus. It may occur systemically and affect the heart, the lining around the brain and spinal cord. This infection has become a common problem seen in immune depressed people.

CARCINOGENIC ("Cancer Causing") - Anything that may induce cancerous transformation of cells.

CDC (Centers for Disease Control) - A federal health agency that is a branch of the U.S. Dept. of Health and Human Services; provides national health and safety guidelines and statistical data on AIDS and other diseases.

CELL-MEDIATED IMMUNITY (CMI) - A branch of the immune system responsible for the reaction to foreign material (e.g., virus), usually where the invader has entered the body. Specific defense cells (killer cells, macrophages and other white blood cells) attack infected cells and destroy the virus at the site where the lesion occurs.

CELL-MEDIATED IMMUNITY - The reaction to antigenic material by specific defensive cells (microphages) rather than antibodies. It is thought to be this system which breaks down in AIDS.

CNS (Central Nervous System) - Made up of the brain and spinal cord.

COFACTORS - Other substances, microorganisms, or characteristics of individuals which may make them more susceptible to the AIDS virus.

COLITIS - Inflammation of the colon (that part of the large intestine which terminates at the rectum).

COMPLEMENT SYSTEM - A part of the immune system that closely interacts with antibodies. Complement includes nine proteins (C1-C9) that move freely in the blood and upon activation join together to form a kind of explosive device that is deadly to a virus and virally invaded cells.

CONGENITAL IMMUNE DEFICIENCY - A condition present at birth in which an infant has an inadequacy in its natural ability to fight disease; not necessarily the result of HIV infection.

CONTRAINDICATE - ("to indicate against"). Any condition or circumstance that indicates the inappropriateness of a form of treatment or a drug for a specific disease.

CRYPTOCOCCOSIS - An infectious disease being seen in AIDS patients which is acquired via the respiratory tract with a primary focus in the lungs and which characteristically spreads to the meninges (the lining of the brain and spinal cord). May also spread to the kidneys and skin. It is due to the fungus Crytococcus neoformans. Meningitis with headache, blurred vision, confusion, depression, agitation or inappropriate speech is the most common form. It may be fatal.

CRYPTOSPORIDIOSIS - An infection caused by a protozoan parasite found in the intestines of animals. Once transmitted to man (by direct contact with the infected animal), it lodges in the intestines and causes severe diarrhea. It may be transmitted from man to man. While this infection seems to be occurring more frequently in immuno-depressed people, one study reports incidence in healthy persons as well.

CUT OFF VALVE - The optical density (OD) reading of reference sera in an ELISA test kit which differentiates a reactive result from a negative result. (Also called "cut point")

CUTANEOUS - Pertaining to the skin.

CYTOMEGALOVIRUS (CMV) - A virus that is related to the herpes family; CMV infections may occur without any symptoms in more than half the population. Infection may also result in mild flu-like symptoms of aching, fever, mild sore throat, weakness, enlarged lymph nodes. Severe CMV infections can result in hepatitis, mononucleosis or pneumonia especially in immune suppressed people. CMV is "shed" in body fluids such as urine, semen saliva, feces, sweat.

DEFICIENCY - A breakdown or inability of certain parts of the immune system, making a person more susceptible to certain disease to which the person would not ordinarily be subject.

DEPRESSION - A mental illness characterized by a dejected mood, apathy, insomnia, weight loss, and physical inactivity. Patients express a general loss of interest in usually satisfying activities - eating, hobbies, sex, hobbies, etc.

DIAGNOSIS - Clinical diagnosis: A diagnosis determined by signs and symptoms alone; based on subjective information (e.g., pain) and objective (e.g., visible) information.. Laboratory diagnosis: Use of one or more laboratory tests to help establish or confirm a diagnosis or the origin of an illness. Differential diagnosis: Comparison or symptoms and signs of similar

diseases to determine which is causing the health problem. Usually, a specific laboratory test is required to rule out one or the other. Presumptive diagnosis: A preliminary diagnosis based on clinical signs and symptoms that are strongly suggestive -- but not conclusive evidence --of a disease. Definitive diagnosis: A diagnosis which confirms or verifies the nature/origin of an illness. Often, a specific and sensitive laboratory test is necessary to establish a definite diagnosis.

DIFFUSE, UNDIFFERENTIATED NON-HODGKINLYMPHOMA (DUNHL) - A rare B-cell lymphoma that is difficult to distinguish from Burkitt's lymphoma. Its relationship to AIDS is uncertain at present and being investigated. The DUNHL patients exhibit generalized lymphadenopathy and enlarged spleens. This cancer is usually fatal.

DISSEMINATED - Spread of the disease throughout the body - usually through the blood.

DNA (Deoxyribonucleic Acid) - A complex protein that is the chemical basis of heredity and the warehouse for genetic information.

DORMANCY - see latency.

DYSENTERY - Inflammation of the intestines, especially the colon, producing pain in the abdomen and diarrhea containing blood and mucous.

DYSPLASIA - The abnormal development of tissue, e.g., cervical dysplasia is the transformation of normal cell tissue of the cervix.

ELISA - Enzyme linked immunosorbent assay; a testing method to detect antibodies to HIV.

ENTERNIC INFECTIONS - Pertaining to the intestine.

EOSINOPHIL - A special white blood cell, called a granulocyte, that can digest microorganisms. Plays a role in allergic reactions.

EPSTEIN-BARR VIRUS (EBV) - A herpes-like virus that causes one of the two kinds of mononucleosis (the other is caused by CMV). It lodges in the nose and throat and is transmitted by kissing. EBV lies dormant in the lymph glands and has been associated with Burkitt's lymphoma, a cancer of the lymph glands. This is the clearest link to date between virus and cancer.

FUNGUS - Member of a class of relatively primitive vegetable organisms including mushrooms, yeasts, rusts, molds and smuts.

GANGLION - A mass or nervous tissue composed principally of nerve-cell bodies lying near the spinal cord or brain.

GIARDIASIS - Infection of the intestinal tract with Giardia Iamblia (a protozoan) which may cause intermittent diarrhea of lengthy duration but may be asymptomatic.

GRANULOCYTES - A cell of the immune system filled with granules of toxic chemicals that enable them to digest microorganisms. Basophils, neutrophils, eosinophils, and mast cells are examples of granulocytes.

HELPER T-CELLS - A subset of T-cells that turn-on antibody production.

HELPER-SUPPRESSOR RATIO - The ratio of helper T-cells to suppressor T-cells.

HEMOPHILIA - An hereditary condition wherein normal blood clotting is not possible; a condition affecting only males.

HERPES SIMPLEX II (HSV II) - Causes painful sores on the anus or genitals, but can be transmitted to the face or mouth.

HERPES SIMPLEX VIRUS (HSV I) - The virus that result in cold sores or fever blisters on the mouth or around the eyes. Like all herpes viruses, the virus may lie dormant for months or years in nerve or lymph tissue and flare up again under stress, trauma, infection or immuno-suppression. There are no cures for any of the herpes viruses.

HERPES VARICELLA -- ZOSTER VIRUS (HVZ) - The varicella virus causes chicken pox in children and may reappear in adulthood as herpes zoster. Herpes zoster, also called shingles, consists of very painful blisters on the skin and follows nerve pathways.

HIV - Human Immunodeficiency Virus.

HTLV-III (Human T-Lymphotrophic Virus Type III) - The virus that causes AIDS; also called LAV (below). Now known as HIV.

HUMORAL IMMUNITY - A branch of the immune system which produces specific antibodies against foreign organisms/substances. In herpes, these antibodies seek out the virus and are involved in their destruction. Humoral immune defense cells (B cells, lymphocytes) are found throughout the body fluids.

IMMUNE COMPLEX - Large molecules formed when antigen and antibody bind together.

IMMUNE RESPONSE - The activity of the immune system against foreign substances.

IMMUNE STATUS - The condition/state of the body's natural defenses to fight disease. Immune status is influenced by hereditary, age, nutritional factors, past exposure to infections, and general physical and mental health.

IMMUNE SYSTEM - The body cells that recognize foreign agents or substances, neutralize them, and recall the experience later when confronted with the same challenge.

IMMUNITY - Protection from an infection/disease by the immune system. Contrary to popular usage of the word, immunity may be partial or complete.

IMMUNOSTIMULANT - Any agent/substance that triggers or enhances the body's defenses; also called immunopotentiators.

IMMUNOSUPPRESSION - A process that prevents or retards the combative ability of the immune system defenses. Immunosuppression may be due to the action of a drug, poor nutrition, an organism, or a number of other unclear factors.

IN VITRO -- ("in glass") - An artificial environment created outside a living organism, e.g., a test tube or culture plate, used in experimental research studies to grow an organism.

IN VIVO -- ("in life") - Studies conducted within the living organism, e.g., animal or human studies.

INCUBATION PERIOD - The time interval between the initial exposure to a virus or other pathogen and the appearance of the first symptom or sign of infection (usually 2-20 days in HIV).

INFECTION - The state or condition in which the body (or part of it) is invaded by an agent (microorganism or virus) which multiplies and produces an injurious effect (active infection). The classic sign of infection is inflammation (pain, redness, swelling).

INOCULATE - Generally refers to injecting a foreign substance into the body for preventive, curative or experimental purposes.

INTERFERON - A naturally existing antiviral substance secreted by an infected human cell to strengthen the defense of uninfected neighboring cells.

KAPOSI'S SARCOMA (KS) - A tumor of the walls of blood vessels. Usually appears as pink purple, painless spots on the skin but may also occur internally in addition to or independent of the skin lesions. If death occurs, the cause is major organ involvement. Originally seen in elderly men or in equatorial Africa as a slow growing, benign lesion, it is now occurring in

young men, 80% of whom are gay, and is rapid and frequently fatal in its course.

LAS (Lymphadenopathy Syndrome) - Disease of the lymph nodes - part of ARC; refers to a chronic enlargement of lymph nodes (glands), often associated with symptoms or ARC.

LATENCY - The period when an infection is inactive.

LAV (Lymphadenopathy Associated Virus) - See HTLV-III and HTV.

LESION- A general term to describe an area of altered tissue; the infected patch or sore in a skin disease.

LEUKOCYTES - All the white blood cells.

LEUKOPENIA - A decrease in the white blood cell count.

LYMPH - A transparent, slightly yellow fluid containing primarily lymphocytes. Lymph is composed of tissue fluids collected from all parts of the body and returned to the blood via the lymphatic vessels.

LYMPH NODES - Small bean-sized organs of the immune system, distributed widely throughout the body. An outpost for B lymphocytes.

LYMPHADENOPATHY - Enlargement of lymph nodes.

LYMPHADENOPATHY - Swollen, firm and possibly tender lymph glands. The cause may range from a temporary infection such as the flu or mononucleosis to lymphoma which is cancer of the lymph nodes. (Disease of the lymph nodes).

LYMPHOBLASTS - A T-lymphocytes that has changed (e.g., during a viral attack) to release a variety of chemicals which encourage greater defensive activity by the immune system.

LYMPHOCYTES - Small white cells, normally present in the blood and in lymphoid tissue, that bear the major responsibility for carrying out the functions of the immune system.

LYMPHOKINES - Powerful substances, produced and released into the bloodstream by T lymphocytes and capably of stimulating other cells in the immune system.

MACROPHAGE - A scavenger cell found in the tissues, able to destroy invading bacteria or other foreign material.

MALAISE - A generalized nonspecific feeling of discomfort.

MICROBES - Minute organisms, including bacteria, protozoa, and fungi.

MICROORGANISM - A microscopic plant or animal.

MMWR (Morbidity and Mortality Weekly Report) - A weekly publication of the Centers for Disease Control that serves as a reference for information on current trends in the nation's health.

MONOCYTE - A large white blood cell which acts as a scavenger, capable of destroying invading bacteria or other foreign material.

MUCOCUTANEOUS - Anything that concerns or pertains to mucous membranes and the skin, e.g., mouth, vagina, lips, anal area.

MUCOUS MEMBRANE - A moist layer of tissue that lines body cavities having an opening to the external world, e.g., the lining of the mouth, nostrils, or vagina.

NATURAL KILLER CELLS - Large granular lymphocytes that attack and destroy other cells such as tumor cells and those infected with viruses or other microbes.

NEONATAL - Concerning the first weeks of life after birth.

NEURALGIA - A sharp, shooting pain along the course of a neural pathway (e.g., running down one leg), sometimes preceding or during an out break.

NEUTROPHIL - A special white blood cell, called a granulocyte, that can digest microorganisms.

NON-PATHOGENIC ORGANISMS - Microorganisms that do not routinely cause disease.

ONCOGENIC - Anything that may give rise to tumors, especially malignant ones.

OPPORTUNISTIC DISEASES - Those diseases that are caused by agents that are frequently present in our bodies or environment but which cause disease only when there is an alternation from normal healthy conditions, such as when the immune system becomes depressed.

OPPORTUNISTIC INFECTIONS - Illness which would not be serious to anyone whose immune system is functioning normally.

PARASITE - A plant or animal that lives, grows and feeds on or within another living organism.

PATHOGEN - Any disease-producing microorganism.

PCP (Pneumocystic Carinii Pneumonia) - A parasitic infection of the lungs; the most common opportunistic infection in AIDS patients.

PERINATAL - Events that occur at or around the time of birth.

PERSISTENT GENERALIZED LYMPHADENOPATHY - Chronic, diffuse, non-cancerous lymph node enlargement that has recently been found to be prevalent among gay men. It typically has been found in those with immune system disturbances who develop frequent and persistent bacterial, viral and fungai infections.

PHAGOCYTE - A cell that is able to ingest and destroy the invading virus, such as macrophages.

PHAGOCYTOSIS - The process of ingesting and destroying a virus or other foreign matter by phagocytes.

PLACEBO - An inactive substance with no beneficial effects that is used in controlled studies as a guidepost to measure an experimental drug's effectiveness. Also a substance given to patients to satisfy a demand for medication.

PLACEBO EFFECT - The physical feeling of wellness created by a psychological need to believe in a medication and/or physician.

PNEUMOCYSTIS CARINII PNEUMONIA - An opportunistic lung infection seen in immuno-suppressed people. It is caused by a protozoa present almost everywhere that is normally destroyed by healthy immune system. It is airborne. Once a person develops PCP they are susceptible to reoccurrence of the disease and the outcome is often fatal.

POSITIVE TEST - A sample of blood that is reactive on an initial ELISA test, repeatably reactive on a second ELISA run, of the same specimen, and reactive on Western blot, if available.

PREDICTIVE VALUE NEGATIVE (PVN) - This is defined as the probability that a person with a negative test if free of the disease and is not a false negative.

PREDICTIVE VALUE POSITIVE (PVP) - This is defined as the probability that a person with a reactive test has the disease and is not a false reactive.

PRENATAL - The period of time before the birth of a baby.

PREVALENCE - The total number of persons in a given population with disease at a given point in time. Prevalence is usually expressed as the percentage of persons with the disease in the population.

PROCTITIS - Inflammation of the rectum.

PRODROME - The period before an outbreak that signals the beginning of viral activity and marks the onset of the infectious period. With herpes simplex virus the prodome is usually 6-24 hours before an outbreak and is often accompanied by a tingling, itching, throbbing, or numb sensation and possibly a low grade lever. Not everyone experiences a prodome.

PROPHYLAXIS - Any substance or steps taken to prevent something from happening (e.g., Vitamin C, condoms, vaccines).

REMISSIONS - The lessening of the severity or duration of outbreaks, or the abatement of symptoms altogether over a period of time.

RETROVIRUS - A type a virus unknown in humans until recently; the AIDS virus is a retrovirus.

SALMONELLA - A microorganism that causes diarrhea associated with cramps, fever, and sometimes bloody diarrhea.

SENSITIVITY - Sensitivity is defined as the probability that the test will be positive when infection is present.

SEROLOGIC TEST - Any of a number of tests that are performed on the clear portion of blood (serum). Usually refers to a test which measures antibodies to a virus.

SHIGELLA - A microorganism which may cause diarrhea associated with cramps, fever, and bloody diarrhea.

SIDE EFFECTS - The action or effect of a drug other that that desired. The term usually refers to undesired or negative effects, such as headaches, skin irritation, or liver damage. Experimental drugs must be evaluated for both immediate and long-term side effects.

SIGNS - Any objective evidence or manifestation of an illness in the body (e.g., blisters, sores, redness, enlarged lymph nodes). Signs are definite or obvious to another person (e.g., the doctor). (See also symptoms.)

SPECIFICITY - Specificity is defined as the probability that the test will be negative when the infection is not present.

SPECIMEN ABSORBANCE RATIO - The calculated ratio of the OD reading of a specimen tested by ELISA to the cut off value of reference sera OD. This ratio indicates the strength of positivity and was developed in the Atlanta Blood Bank Study reported in the MMWR of August 9, 1985. Ratios in excess of 7 correlated highly with Western blot positivity (94%), culture positivity (56%), and risk factors for AIDS (89%). Ratios under 2.99 had little correlation with other tests or risk factors and are considered indicative of a false reactive. The ratio can be calculated using the Abbot test only.

SPUTNUM - Secretions from the lower respiratory tract that are ejected from the lungs, bronchi, and trachea through the mouth.

STD - Sexually Transmitted Disease (sometimes referred to as sexually transmissible disease).

SUSCEPTIBLE - Vulnerability to infection or to relapses of infection; a person who has little resistance to a virus or other pathogen.

SUBCLINICAL INFECTION - An infection, or phase of infection, without readily apparent symptoms or signs of disease. Subclinical infections can be detected by immunologic or other laboratory tests. (Often used interchangeable with 'silent,' 'unapparent,' or 'asymptomatic infection.)

SUBCUTANEOUS - Beneath or introduced beneath the skin (e.g., subcutaneous infections).

SUBUNIT VACCINE - A vaccine produced from only part of an infectious agent.

SUPPRESSION T CELLS - Subset of T cells that "turn off" antibody production.

SYMPTOMS - Any perceptible, subjective change in the body or its functions that indicates disease or phases of disease, as reported by the patient, e.g., itching, tingling, tiredness.

SYNDROME - A group a symptoms and diseases that together are characteristic of a specific condition.

SYNERGISM/SYNERGISTIC - The harmonious action of two or more drugs that produce or enhance an effect which neither could achieve alone. For example, drugs which have different mechanism of action may act synergistically (e.g., immunopotentiators plus antivirals).

T CELLS - White blood cells that are processed in the thymus. They produce lymphokines and are responsible, in part, for carrying out the immune response. They are also called T lymphocytes.

T CELLS, helper/suppressor ratio - T-cells are lymphocytes (white blood cells) that are formed in the thymus and are part of the immune system that has been found to be abnormal in AIDS patients. The normal ratio of helper T-cells to suppressor T-cells is about 2:1. This becomes inverted in AIDS patients because the number of helper cells is dramatically decreased.

T-LYMPHOCYTE - White blood cells that mature in the thymus (a gland in the neck), differentiate into killer cells and lymphoblasts, and are particularly important in fighting the herpes simplex virus.

THRUSH - A fungal infection of the mouth caused by candida; common in people with ARC or AIDS.

THYMUS - A central lymphoid organ important in the development of immune capability.

TITER (or 'titre') - A laboratory measurement of the amount (or concentration) or something in something else. Titer has two distinct usages: 1) Antibody titer is a measurement of the amount of antibodies present in the blood - the titer may fluctuate (increase or decrease) during the course of an infection and during latency; 2) Viral titer is a measurement of the amount of virus present on the skin surface or in a lesion (e.g., a measurement of viral shredding). As with antibody titers, the amount of virus present will increase or decrease depending upon when the sample was taken during the natural course of the infection.

TOXICITY - The extent, quality, or degree of being poisonous or harmful to the body. Toxicity studies: determination of potential harmful effects (side effects) of a drug by careful clinical observation and extensive laboratory tests.

TOXOPLASMOSIS - A disease due to infection with the protozoa toxoplasma gondii, frequently causing focal encephalitis (inflammation of the brain). Seen frequently in people with AIDS.

VACCINE - A fluid composed of an agent or agents that stimulate immunity and thus protect the body against future infection with that agent.

VIRAL CULTURE - A laboratory study of a specimen of fluid or tissue taken to determine the presence of viral material. The specimen is placed in a special medium containing live cells, incubated for a period of time, and then tested for evidence of a virus.

VIROLOGY - The study of viruses and viral disease.

VIRUCIDAL (virucide) - An agent that destroys or inactivates a virus.

VIRUS - An intracellular parasite that invades a cell, which may disrupt or subvert the cells normal functions, causing the cell to behave in a manner determined by the genetic information contained in the virus.

WESTERN BLOT - A test for antibodies to the HIV virus; more specific and accurate than the ELISA test.

D. Conceptual Framework for Eroticizing Safer Sex Workshop *

I. Mourning:

Participants are given the opportunity to express their feelings about the changes they are required to make if they are to remain sexually active in a responsible way during the AIDS crisis. They learn that they are not alone in these feelings. They are helped to recognize both the need to mourn the loss of old sexual patterns, and the loss of being able to act on sexual feelings without fear of infection.

II. Affirming:

The participants discover that a wide variety of sexual options are still available to them. This part teaches how to degenitalize sex and view sexual behavior as a complete body and mind experience. The focus here is to empower participants with a widened sense of sexual possibility and adventure as well as the ability to change old patterns that may put them at risk of infection.

A major component of this part of the workshop is giving the participants permission to have various thoughts, feelings and actions, such as to be angry, sad or relieved; to talk about sex; how they might miss high risk activities; how to be sexual in the face of the epidemic and how to talk openly about sexuality.

III. Eroticizing:

Here the participants discuss how to eroticize safer options. The focus is to provide a successful, sex positive, conceptual experience in a small non-threatening group setting by exploring sensual, stimulating alternatives that ensure healthy sexual choices.

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E. Evaluation Form

Women and AIDS: What We Need To Know

Thank you for attending this workshop. So that we may improve this program and assess the need for educational programs in the future, we would appreciate your taking a few minutes to complete this evaluation form.

In what capacity did you come to this workshop?

Please circle as many answers that apply.

Women at potential risk	1
Health Professional/Human Services Provider	2
Friend, partner, or family of PWA/ASC	3
"Worried Well"	4
Other	5

How did you hear about this workshop?

_____

_____

By circling the appropriate number, please rate the successfulness of the following activities in informing you about women and AIDS. (1 = very successful; 2 = successful; 3 = somewhat successful; 4 = some unsuccessful; 5 = very unsuccessful)

A. <u>AIDS Medical Update</u> 1 2 3 4 5
Comments

_____

_____

B. <u>Film: "Changing the Rules"</u> 1 2 3 4 5
Comments

_____

_____

C. **Film: "A Rage to Live"** 1 2 3 4 5
Comments

D. **Small Groups Discussions (A.M.)** 1 2 3 4 5
Comments

E. **Eroticizing Safe Sex** 1 2 3 4 5
Comments

F. **Small Group Discussions (P.M.)** 1 2 3 4 5
Comments